

FILED NOV 24 1950

# STANDARD CERTIFICATE OF DEATH

State File No. 39164

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9750

BIRTH NO.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,

c. LENGTH OF STAY (in this place) 59 Yrs

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Hospital

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS

3633a Marceline Terrace

## 3. NAME OF DECEASED

(Type or Print)

a. (First)

Mary

b. (Middle)

E.

c. (Last)

Welland

4. DATE

(Month)

(Day)

(Year)

OF DEATH

Nov. 15, 1950

## 5. SEX

F

## 6. COLOR OR RACE

W

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

W

## 8. DATE OF BIRTH

Feb. 16, 1891

## 9. AGE (In years last birthday)

59

## 10. UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

Springfield, Illinois

## 12. CITIZEN OF WHAT COUNTRY?

U.S. A.

## 13a. FATHER'S NAME

Philip Grobengieser

## 13b. MOTHER'S MAIDEN NAME

Cunningham

## 14. NAME OF HUSBAND OR WIFE

Henry Welland

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT'S SIGNATURE OR NAME

Mrs. Henrietta Compton, 3633a Marceline

ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE

DUE TO (b) ARTERIOSCLEROSIS GENERALIZED

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

RHEUMATOID ARTHRITIS

## INTERVAL BETWEEN ONSET AND DEATH

UNK.

UNK

2 YEARS

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☒ NO ☐

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11-1949 to 16-15-1950, that I last saw the deceased alive on 11-14-1950, and that death occurred at 12:55A m., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

M.D.

## 23b. ADDRESS

818 OLIVE ST. ST. LOUIS 8, MO

## 23c. DATE SIGNED

16 Nov 50

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

Nov. 17, 1950

## 24c. NAME OF CEMETERY OR CREMATORY

Immanuel Luth. Cemetery

## 24d. LOCATION (City, town, or county)

St. Charles, Missouri

(State)

## DATE REC'D BY LOCAL REG.

NOV 17 1950

## REGISTRAR'S SIGNATURE

J. B. Lasater

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robt. G. Warner  
Paul Brown Bldg.

11:00 1:00 Wed. Prefers we do NOT  
call today - too busy.

10:00 - 4:00 Thursday - prefers. this.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*May L. Warner*

Signed.....

Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.